

2011 Choices Allowance And Premium Rates

2010 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$614.86
You + 1 family member	\$1,121.84
You + 2 or more family members	\$1,325.24

Medical Plans	You Only	You + 1	You + 2 or More
CIGNA Network HMO	\$485.55	\$967.28	\$1,113.74
CIGNA Network POS	\$871.24	\$1,548.38	\$1,624.26
Kaiser	\$515.01	\$1,024.59	\$1,189.39
ALADS Blue Cross Prudent Buyer Basic	\$687.63	\$1,339.33	\$1,540.72
ALADS Blue Cross Prudent Buyer Premier	\$780.50	\$1,432.20	\$1,633.59
ALADS Blue Cross CaliforniaCare Basic	\$459.71	\$889.04	\$1,100.95
ALADS Blue Cross CaliforniaCare Premier	\$552.58	\$981.91	\$1,193.82
CAPE Blue Shield Classic POS	\$703.00	\$1,363.56	\$1,624.56
CAPE Blue Shield Lite POS	\$421.00	\$868.56	\$1,094.56
Fire Fighters Local 1014	\$583.00	\$1,107.56	\$1,315.56
Waive coverage			

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$28.27	\$47.48	\$71.47
DeltaCare	\$14.97	\$24.69	\$36.52
SafeGuard	\$11.42	\$22.06	\$28.77
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	<p>Monthly premiums are based on age and salary</p> <p>The County pays 15% of the monthly premium.</p>
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit)		
Coverage (all family members):	\$5,000	\$0.96
	\$10,000	\$1.91
	\$15,000	\$2.87
	\$20,000	\$3.82
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.17	\$0.33
\$ 25,000	\$0.43	\$0.83
\$ 50,000	\$0.85	\$1.65
\$ 100,000	\$1.70	\$3.30
\$ 150,000	\$2.55	\$4.95
\$ 200,000	\$3.40	\$6.60
\$ 250,000	\$4.25	\$8.25
No coverage		

Medical Coverage Protection (LTD Health Insurance)	
LTD Health Insurance — 100%	\$3.00

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$400 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month